

Coginchaug High School Parking Pass Application

Registration No. _____

STUDENT PARKING REGISTRATION FORM

Last Name: _____ First: _____

Address: _____

Home Phone # _____

Cell Phone # _____

Make and Model of Car #1 _____ Color _____

License Plate # _____ Year _____

Make and Model of Car #2 _____ Color _____

License Plate # _____ Year _____

Paid \$50.00 _____ Cash/Check # _____

Receipt # _____

Please Note:

- The \$50 parking fee must be paid in full before students will be issued a parking pass. Per Board Policy the parking fee cannot be prorated. Please make checks payable to "CRHS General Fund."



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